

Esther Adler.

Died at	Town	Springfield	State	Hospital	County	Sykesville	MARYLAND
Date 1902	Month	7	Day	31	Y. M. D.	Native of	Occupation
Male	White	Age 40		Widow	Divorced	Russia Housewife	
Female	Colored	Married		Widower	Number of children living		4

Husband of Louis Adler 1009 E Lombard St. Balto.

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Recurrent Mania.

How long sick

6 weeks.

Death

Immediate

Paralysis following Dysentery

Accident, Suicide, Homicide

Reported by

J M Thornton M.D.

Address

Sykesville [redacted] Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



~~2<sup>nd</sup>~~ Harry Galen Babylon

Town County MARYLAND  
Westminster Carroll

Died at

Date 1902

Month

Dey

Y. M. D.

Native of

Occupation

Male

White

Age

Married

11

9

Widow

Divorced

~~Father~~

Colored

Single

Widower

Number of children living

Husband of \_\_\_\_\_

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mother's Maiden Name Flora Burner

How long sick

12 days

Accident, Suicide, Homicide

Levi C. Woodward, M.D.

Westminster, Maryland



Name in Full

## Certificate of Death

Laura Lucilia Bennett

Town Franklin County Franklin

Died - near ~~London~~ Carroll

## MARYLAND

Date 1902 Month July Day 29 Y. 57 M. - D. - Native of md. Occupation Housewife  
Female White Married - - - Number of children living 2

Wife of Larkin S. Bennett 45  
Father's Name Nathan S. Conoway Mother's Name Eliza Randall  
Cause of Death Primary Cancer of Gall-bladder How long sick 6 mos.  
Death Immediate

Reported by

### Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1972-01-01

243 George Bitzel

Town

County

MARYLAND

Died at

Deerpark

Month

Dey

Y.

M.

D.

Native of

Date 1902

7 13

Age 72

- 2 - 4

Germany

Occupation

Male

White

Married

Widow

Divorced

Farmer

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Father's

Mother's

Name

Maiden Name

120

Cause of

Primary

How long sick

6 weeks

Death

Immediate

Bright Scease

Accident, Suicide, Homicide

Reported by

Dr. Thos. Corcoran

Address

Westminster, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bury at German Church.

# Alice R. Bowers.

Died at Shuiss Station County Carroll MARYLAND

Date 1902 Month 7 Day 2 Y. 43 M. W. D. W. Native of Md. Occupation Housewife  
 Male  Female  White  Colored Age 43  Married  Single  Widower  Divorced Number of children living 8

Wife Felicia S. Bowers of Washington Father's Hannan Mother's Lydia Ann Hannan  
 Name Washington Name Lydia Ann Hannan

Cause of Death Primary Epileptic Convulsions How long sick 30 hours  
 Immediate Exhaustion  Accident, Suicide, Homicide

Reported by D H Seiss, M.D.

Address 101 Main Street, Taneytown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Samuel D. Borchey

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death 1902	Month	Day	Years	Months	Days	
Sex		Color or Race	Age 62	Birth-place		
Married, Single or Widowed		Occupation				
Name of Wife or Husband		Elizabeth Gepp				
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information		Howard Shaaffs		How related to deceased Son-in-Law		

CAUSES OF DEATH

Primary

La. grippe -

How long

Years

Immediate

Head disease

How long

5 years.

Are the name, age, sex, color, date and place correctly given above?

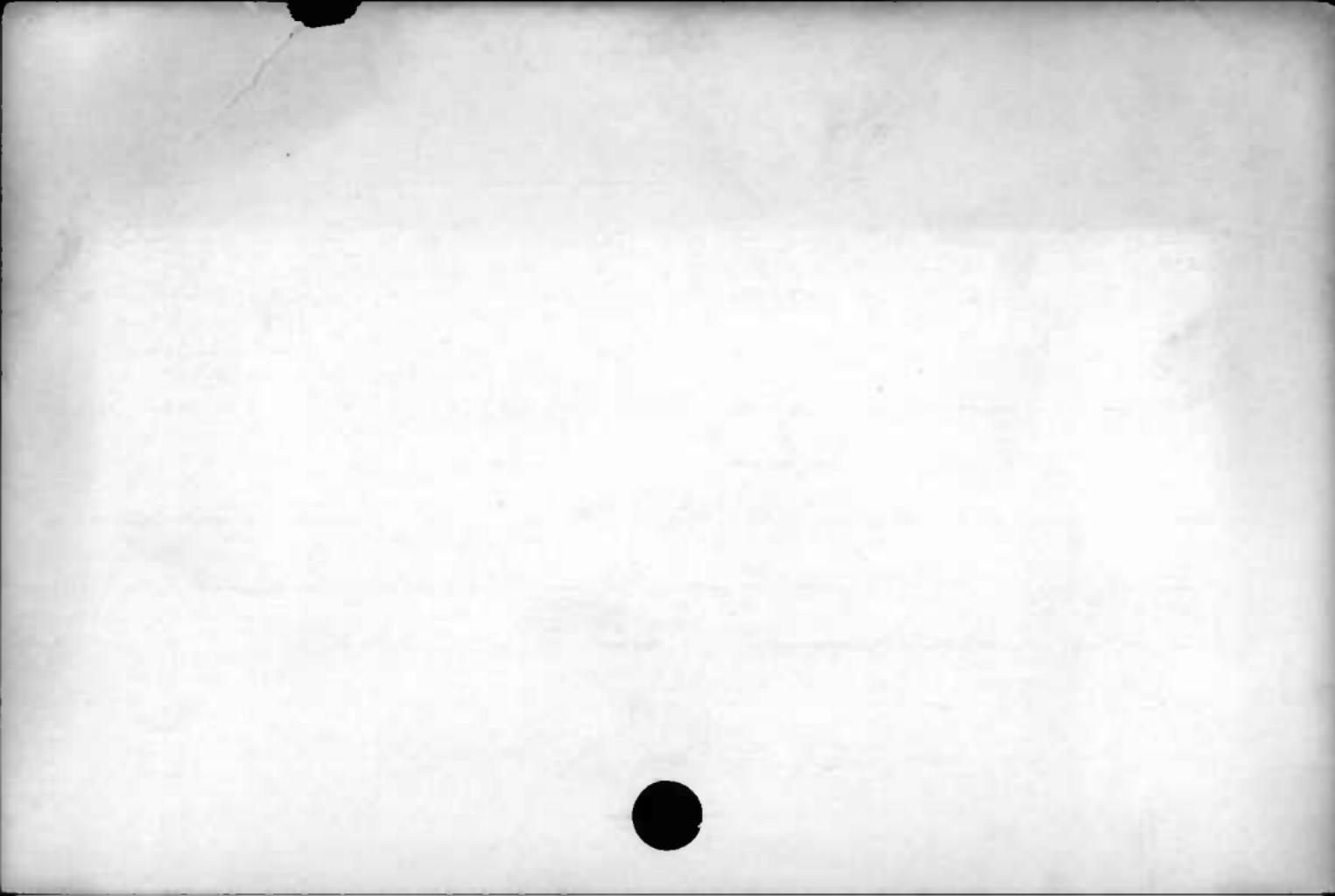
yes

Signature of Physician

Address

R. C. Dreher  
Highland Ind.

Accident or Suicide?



Allen E. Crouse

Town

Tyrone

County

carroll

MARYLAND

Died at

Date 1902

Month

Day

M. M.

D.

Native of

5

Ind

Occupation

Male

White

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Frank Crouse

Mother's  
Name

Hannah Crouse

Cause of

Primary

Accidental Birth

How long sick

Death

Immediate

5 days

Accident, Suicide, Homicide

Reported by

C. D. Fuss T.D.L.

Address

8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



220

Sadie J. Cullison

Town

Carrollton

County

Carroll

MARYLAND

Died at

Date 1912

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

FemaleColored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Mother's

Maiden Name

Francis L.

How long sick

2 weeks

Primary

Immediate

Marasmus

105

Accident, Suicide, Homicide

Thomas J. Coonan M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

No-60

Peter A. Flater

Town

County

Died at

MARYLAND

Date 189-1903	Month July	Day 26	Age 79	M. 9	D. 18	Native of Maryland	Occupation Farmer
Male	White	Married	Widow	Divorced			
Female	Entered	Single	Widower	Number of children living			1

Husband of Susanah Flater

Wife -

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

five days

Death

Immediate

diarrhea

Accident, Suicide, Homicide

Reported by

Address

8

Union



Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_

of \_\_\_\_\_

Information contained in this certificate received from \_\_\_\_\_

of \_\_\_\_\_

Name In Full

Certificate of Death

Wilson Fileagle

near Keysville Carroll MD MARYLAND

Died	Town	Month	Day	Y.	M.	D.	Native of	Occupation
1902	1802	7	6	85	4	12	2nd. Retired	
Male	White	Married						
Female	Colored	Single						
							Number of children living	6

Husband of	Wife	mary - Fileagle	
Father's Name	David Fileagle	Mother's Name	Margaret Fileagle
Cause of Death	Primary	Exhaustion	How long sick
	Immediate	F. H. Siss.	12 days

Death	Immediate	Exhaustion	How long sick
		F. H. Siss.	12 days
Reported by			Accident, Suicide, Homicide

Address

Gaithersburg, MD.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ella. Nora. Forsey.

Town

County

Died ~~at~~

Near Keyeville

Carroll

MARYLAND

1902

Date +89

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

James A. Forsey

Mother's

Name

John Stumbaugh

Elizabeth

How long sick

One year

Accident, Suicide, Homicide

Reported by

C. O. Fuss F. D.

Address

Towington Rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name  
in  
Full

George N. Fringer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Westminster	County	Cause		
Date of death	1902	Month July	Day 16	Age 72	Years
Sex	Male	Color White	Occupation	Birth-place	MARYLAND
Married, Single or Widowed	Married	Retired			
Name of Wife or Husband	Katherine Hoff				
Father's Name	Jacob Fringer				
Mother's Name	Sarah Agnew				
Name of person giving information	Guy Fringer				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Diabetes

How long one month

Immediate

Thromic Convulsion

50

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

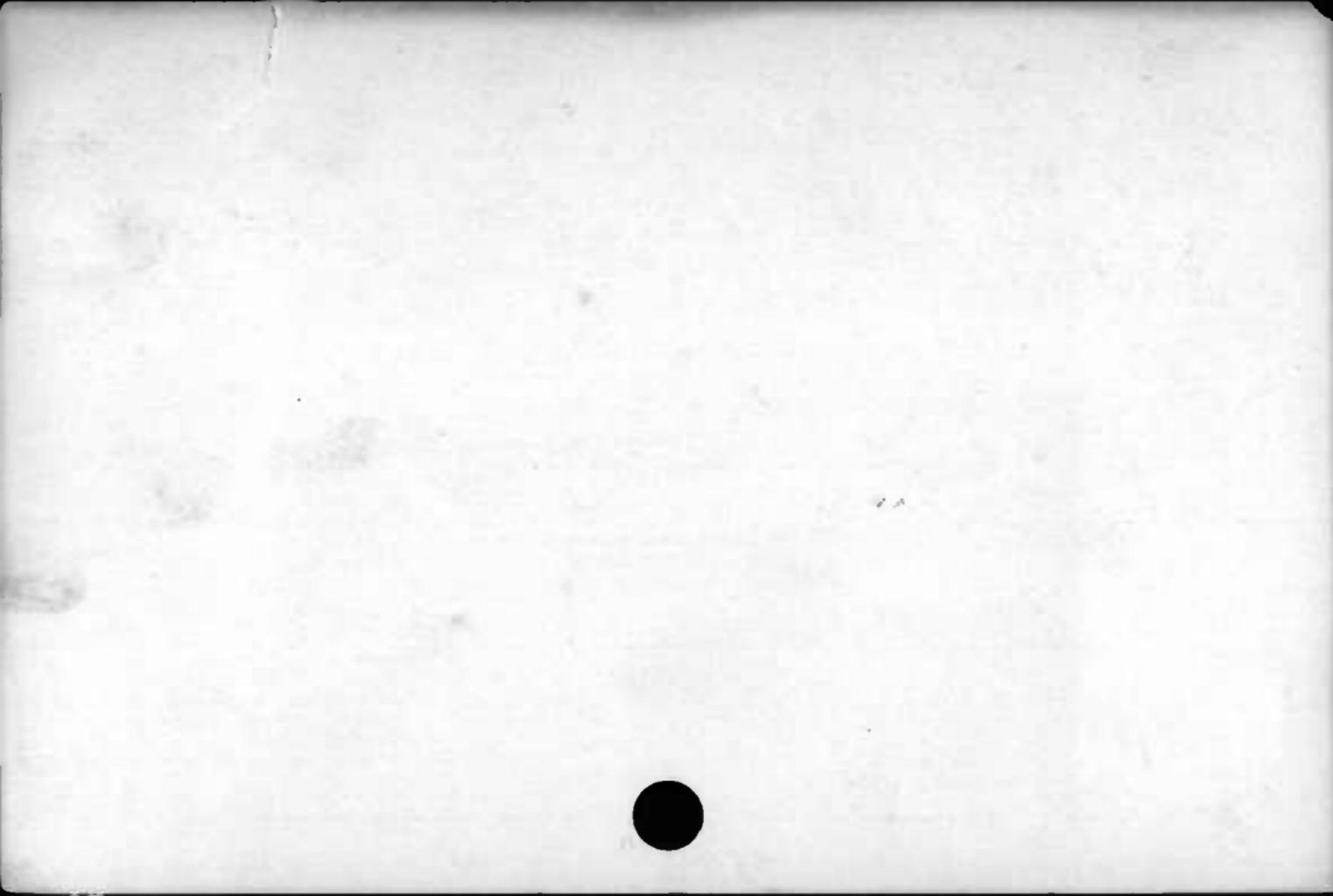
Signature of Physician

Address

Dr. H. B. Bellingham M.D.

Westminster 3rd

Accident or Suicide?



Name  
in  
Full

Theodore Roosevelt Gossnell

CERTIFICATE OF DEATH

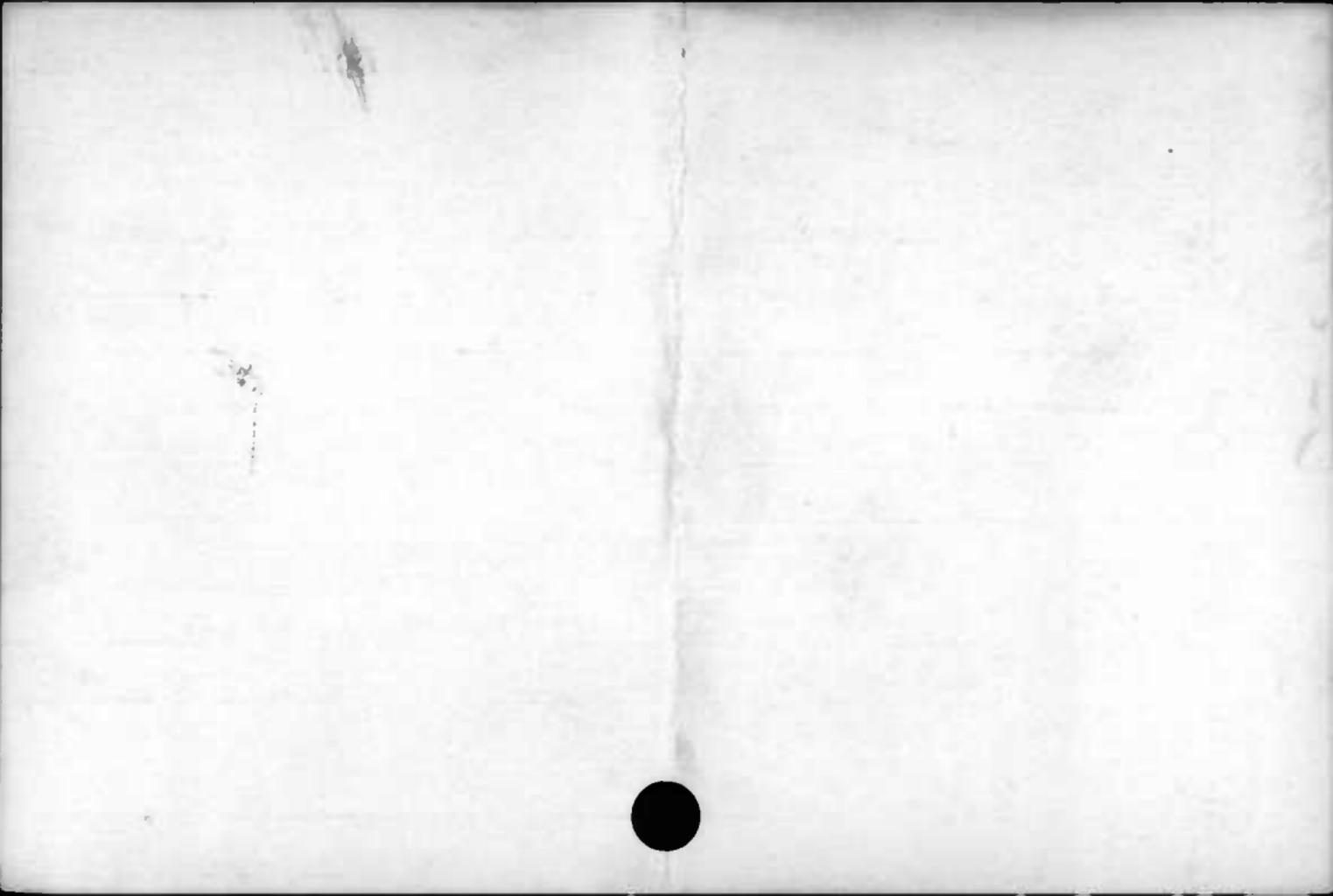
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sykesville</u>		Town		County <u>Carroll</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>10</u>	Age <u>1</u>	Years <u>1</u>	Months <u>8</u>	Days <u>—</u>	
Sex <u>male</u>	Color or Race <u>Black</u>	Birth-place <u>Carroll Co</u>					
Married, Single or Widowed	Occupation						
Name of Wife or Husband							
Father's Name <u>Lewis A. Gossnell</u>	Father's Birthplace <u>Carroll Co</u>						
Mother's Maiden Name <u>Virginia Grooms</u>	Mother's Birthplace <u>Howard Co</u>						
Name of person giving information <u>L. A. Gossnell</u>	How related to deceased <u>Father</u>						

CAUSES OF DEATH

104

Primary	<u>Acute Gastritis</u>		How long <u>2 days</u>
Immediate	<u>Collapse</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Daniel B. Sprecher</u>	
		Address <u>Sykesville</u>	
PHYSICIAN OR CORONER <u>J</u>	Accident or Suicide?		



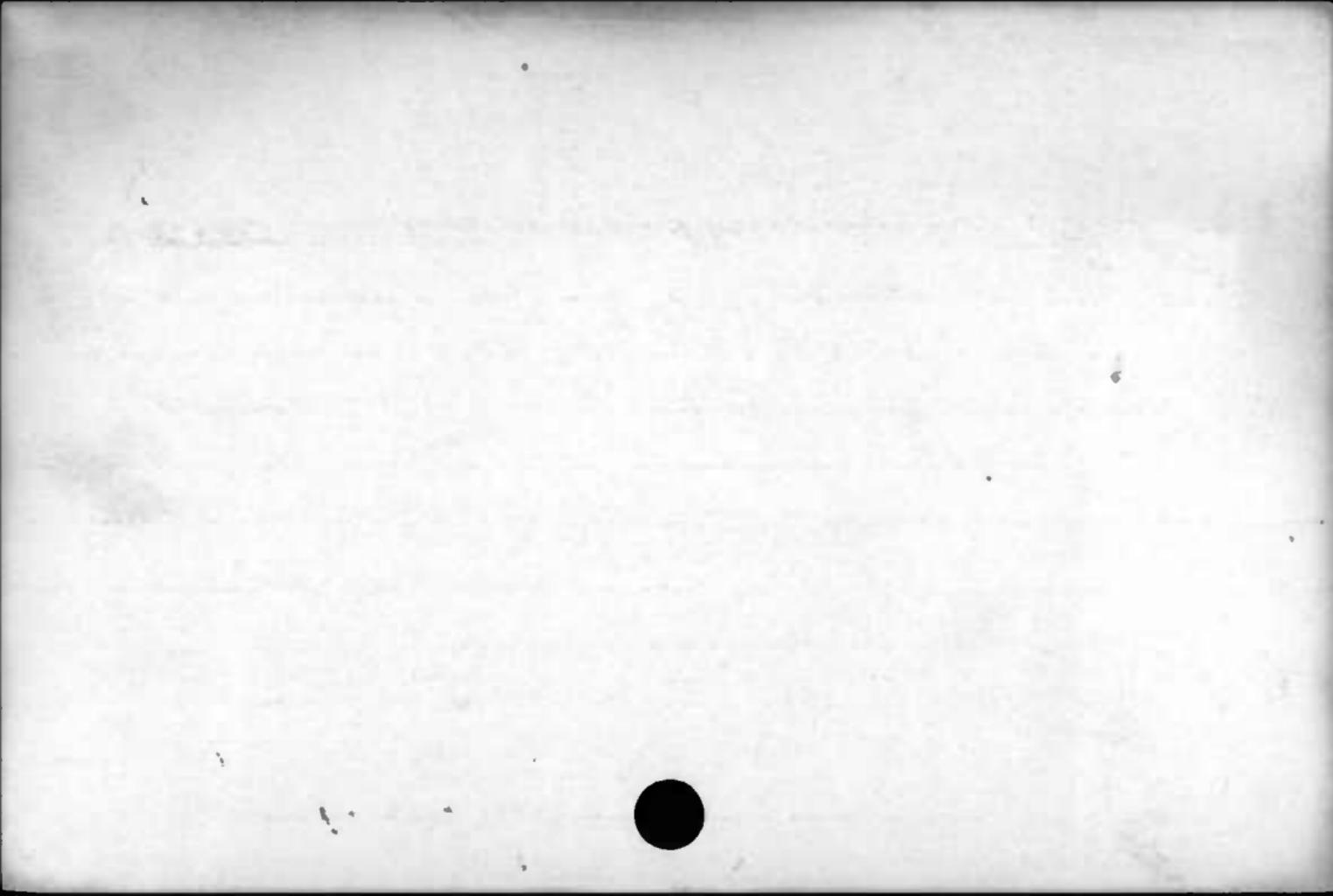
Mable Groff

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days		
2 July		13	Age	Two			
Sex	Female	Color or Race	Occupation	Westminster M			
Married, Single or Widowed		Single					
Name of Wife or Husband							
Father's Name		Samuel Groff		151			
Mother's Maiden Name		Annie Willhite		Maryland			
Name of person giving information		Samuel Groff		de o			
				Father			

## CAUSES OF DEATH

Primary	Mac-Nulidson	How long	6 Weeks
Immediate	Pneumonia	How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John D. Wellman
		Address	Westminster Maryland
Accident or Suicide?			



Noah Addison Gummel

Town Sydesburg County Carroll MARYLAND

Died at Sydesburg Date 1902 Month July Day 21

Age	Y. M. D.	Native of	Occupation
62	6 22	Maryland	

Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living

Husband of	<u>John Gummel</u>
Wife	

Father's Name	<u>Lewis A. Gummel</u>	Mother's Name	<u>Alberta Irene Gummel</u>
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Cause of Death	Primary	Cholera Infantum	How long sick
	Immediate		2 days

		103	Accident, Suicide, Homicide
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Reported by	<u>I. H. Sherman M.D.</u>
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Address	<u>Manchester</u>	<u>Carroll Co</u>
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May be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sophia Hayes  
 Town Long County Carroll MARYLAND

Died at

Month Day Y. M. D. Native of Occupation

Date 1902

Age 95-4-10 Md. Housewife

Male

Widow Divorced

Female

Single Widower Number of children living

White Colored

4

Husband of

Wife

Father's Name

Geo. Kauffman

Mother's Name

Sophia Kauffman

How long sick

Cause of

Primary

Old Age

Sudden

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

J. P. Waltz &amp; Son F. D. &amp; E.

Address

8 Winfield

Carroll Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Wellington Hammond

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Slacks Corner</u>		Town <u>Carroll</u> County <u>Carroll</u>		MARYLAND		
Date of death 1907	Month July	Day 12	Age	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Occupation <u>+</u>		Birthplace <u>Carroll Co</u>		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name <u>Philip J. Hammond</u>					Father's Birthplace <u>Frederick Co</u>	
Mother's Maiden Name <u>Ruth Anna Smith</u>					Mother's Birthplace <u>Howard Co</u>	
Name of person giving Information <u>Ruth Anna Smith</u>					How related to deceased	<u>Mother</u>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Inanition

How long

Starved

Immediate

Collapse Syncope

How long

2 day sick

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Daniel B. Sprecher

Sykesville  
Md.

Accident or Suicide?



Name in Full

Certificate of Death

William Hawk

Town

County

Died at

Laneytown

Cornell

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Mary Hawk

Father's

Mother's

Name

Name

79

Cause of

Primary

How long sick

Death

Immediate

2 Mos.

Accident, Suicide, Homicide

Reported by

Organic Heart Disease

Address

C. W. H. Dooley

Laneytown  
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78708



Name in Full

Certificate of Death

John W. Herron

Town

Taneytown.

County

Coroner

MARYLAND

Died at

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Month

Day

Age

10

—

Occupation

none

Male

White

Married

Widow

Divorced

Female

Colonial

Single

Widower

Number of children living

Husband of

1458

Wife

Father's Name

Geo W. Herron.

Mother's Name

Ellen E. Horner

Cause of Death

Primary

How long sick

6 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Geo. W. Horner

Taneytown  
Md.

Address

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Kitty Hill  
Town Marston County Carroll

MARYLAND

Died at

Month

Day

Y. M. D.

Native of

Date 1902

Age

86

Md.

Occupation

Male

White

Married

Widow

Female

Colored

Single

Widower

of

Wife

154

Mother's

Father's

Maiden Name

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Blind for years  
General Debility  
Gp Baile

Address

J

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charles Johnson

Town

Wintersville

County

Carroll

MARYLAND

Died at

Date 902

Month 7

Day 23

Y. 78

M. -

D.

Native of Md

Occupation Laborer

Male

Wife

Age 78  
Married

Widow

Divorced

Friend

Colored

Son

Widower

Number of children living 2

Husband of

Laura Johnson 56

Father's

Mother's

Name

Name

Cause of

Primary

Alcohol

How long sick

sudden

Death

Immediate

Alcoholic nephrosclerosis

Accident, Suicide, Homicide

Reported by

Son

Joseph Johnson

gas R. Weer

Address

Wintersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

**Certificate of Death**

Helen Louise Johnson  
Town County  
near Sykesville Carroll  
Died at Month Day M. D. Native of  
Date 1902 July 9 Age - 5 - md  
Helen White Married Widow Divorced

## MARYLAND

Date 1902 July 9 Age - 5 - md —  
~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~  
Female Colored Single ~~Widower~~ Number of children living

Husband of \_\_\_\_\_  
Wife \_\_\_\_\_  
Father's Name Jas. Walter Johnson Mother's Name Isabella Johnson  
Name \_\_\_\_\_  
Cause of Death Primary Enteric Colitis How long sick 8 days  
Death Immediate Exhaustion 105  
Accident, Suicide, Homicide

Reported by W. Frank Lucas, M.D.

### Address:

○ Sykesville MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mary Kalback

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Pataficio</u>		Town " <u>"</u>	County <u>Carroll</u>		MARYLAND	
Date of death 1902	Month July	Day 24	Years 89 —	Age	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Occupation <u>Housekeeper</u>		Birth- place <u>Pataficio</u>		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Edward Kalback</u>					
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information <u>John Kalback</u>				How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dropsy

177

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

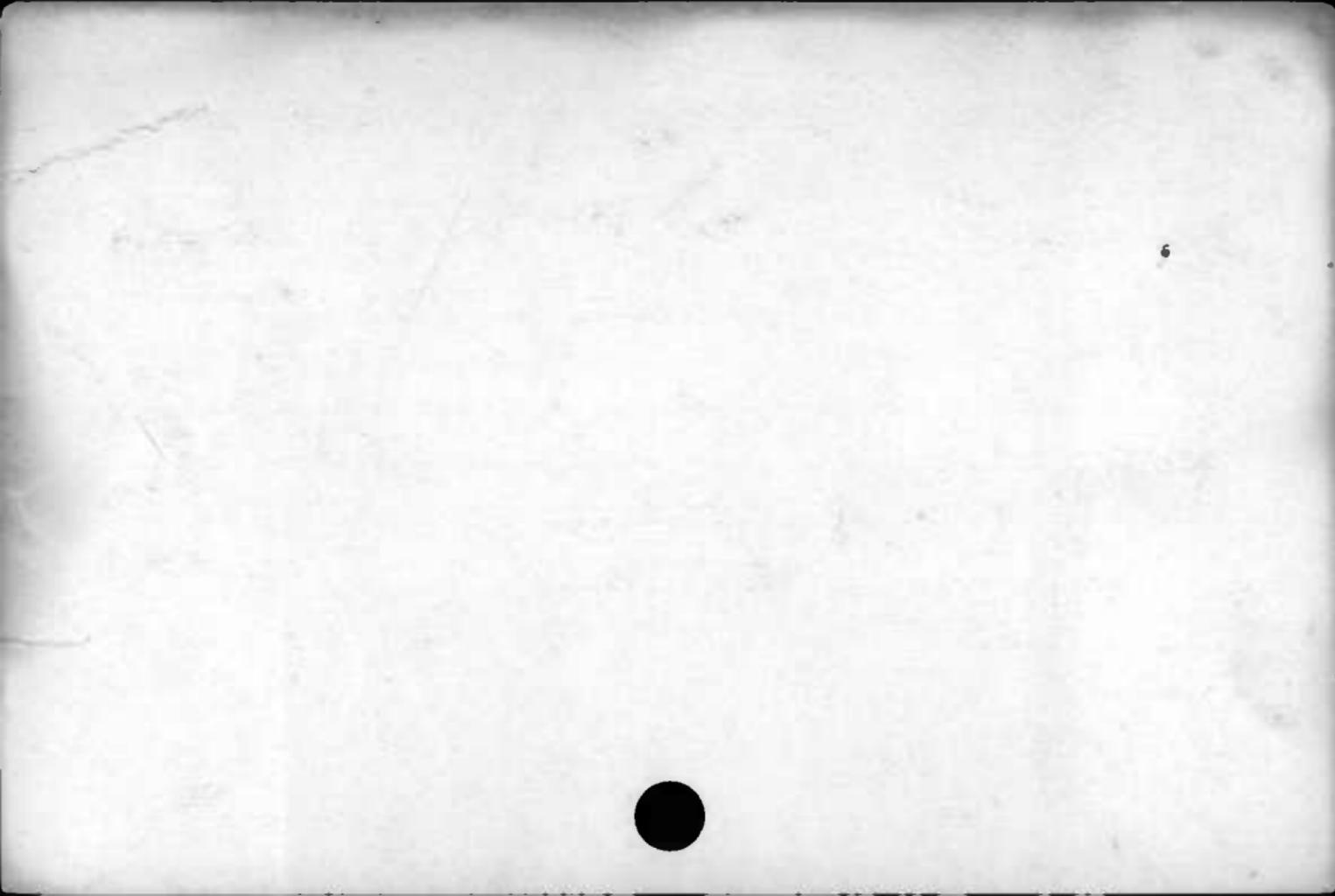
Dr Thom Coonan

Address

Westminster

J

Accident or Suicide?

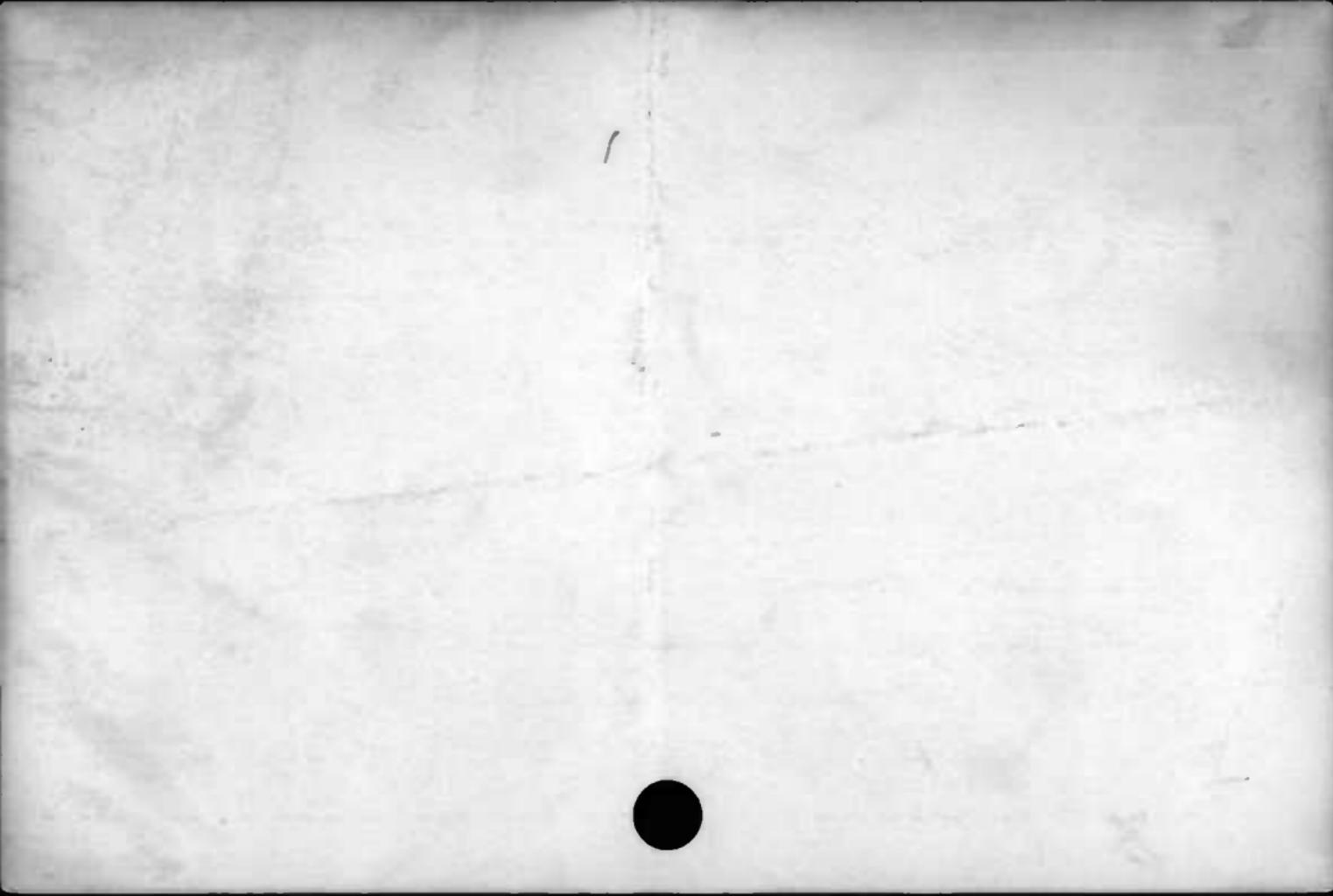


Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

g

253 John J. Lane				CERTIFICATE OF DEATH			
Died at Westminster		County Carroll		MARYLAND			
Date of death 1902	Month July	Day 30	Age 58	Years 18	Months 7	Days 14	
Sex Male	Color or Race white	Occupation Drower		Birth-place near Westminster			
Married, Single or Widowed							
Name of Wife or Husband		None					
Father's Name		Timothy Lane 56		Father's Birthplace	Ireland		
Mother's Maiden Name		Hurley		Mother's Birthplace			
Name of person giving information		Charles G. Guglielmo		How related to deceased	Son in law		
CAUSES OF DEATH							

Primary	Delirium Tremens, acute mania	How long	3 days
Immediate	Shock following Fracture of knee joint	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John D. Green M.D.
		Address	Westminster
Accident or Suicide?		many hand	



Jacob Lemmerman

Died at Sprungfield State Hospital Carroll County, MARYLAND

own	Month	Day	Y.	M.	D.	Native of	Occupation
1902	7	2	44	6		Md.	Blacksmith
Date			Age				
Male	White	Married	Widow	Divorced			
Female	General	Single	Widower	—	Number of children living	—	

Husband of —

Father's Name

John D Lemmerman

Mother's Name

— ♀ —

How long sick

Cause of Death	Primary	Pulmonary tuberculosis	How long sick
	Immediate	Asthma	Accident, Suicide, Homicide

Reported by

Chas J. Casey M.D.

Address

Sykesville

Carroll Co. Md.



John S. Mills

Town

County

Died at Springfield State Hospital by Kesville Carroll Co. - MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	7	22	Age	81-		:	:
Male	White	Married	5	Widow	5	Divorced	2
Female	Colored	Single		Widower		Number of children living	2

Husband of 5

Wife

Father's 5  
Name

Mother's 5  
Name

Cause of Death	Primary: Senility Immediate: Bronchitis	154	How long sick about one week
			Accident, Suicide, Homicide

Reported by John Worfolk Morris M. D.  
Address by Kesville Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full  
Name

Hora E. Nobley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Westminster	County	Carroll										
Date of death	1902	Month	July	Day	20 <sup>th</sup>	Age	—	Years	—	Months	2	Days	—
Sex	Female	Color	White	Occupation	Brunswick Ind	Birth-place							
Married, Single or Widowed	Single												
Name of Wife or Husband													
Father's Name	Albert E. Nobley	Father's Birthplace	Westminster										
Mother's Maiden Name	Julia I. Knight	Mother's Birthplace	do										
Name of person giving information	Albert E. Nobley	How related to deceased	Father										

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Marasmus	105	How long	3 days
Immediate			How long	"
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician			Thos. J. Bonnan M.D.
	Address			
Accident or Suicide?				

Wednesday August  
Tuesday

244 Edith Morgan

Town

County

MARYLAND

Died at Westminster

carroll

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	July	14	Age	2	2nd		
			Male	White	Married	Widow,	Divorced
			Female	Colored	Single	Widower	Number of children living

Husband of	
------------	--

Wife	
------	--

Father's Name	Mother's Maiden Name
Irvin Morgan	Luretta Mawer

Cause of Death	Primary	How long sick
	Pneumonia	15

	Immediate	Accident, Suicide, Homicide

Reported by	
	Jan 13, 28

Address	
	111-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wm Myers

Town

Parsville

County

Carroll

MARYLAND

Died at

Parsville

Month

Day

M. D.

Native of

Date 1902

July 28

Age 76

Md.

Occupation

Laborer

Male

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband of

Sarah Jane Myers

Mothers

Wife

Father's

Name

Wm H. Myers

Maiden Name

Cause of

Primary

Cholangitis

How long sick

One year.

Death

Immediate

Uremia

Accident, Suicide, Homicide

Reported by

J.W. Sacy.

Lisbon - Md -

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full251  
Barbara Nickless

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 190	Month	Day	Age	Years	Months	Days	
2	July	27	45				
Sex	Female	Color or Race	Colored		Birth- place	Westminister	
Married, Single or Widowed	Married		Occupation				
Name of Wife or Husband	Joshua Nickless						
Father's Name	Lewis Sibley Jr				Father's Birthplace		
Mother's Maiden Name	Abbie Saunders				Mother's Birthplace		
Name of person giving Information	Joshua Nickless				How related to deceased	Husband	

## CAUSES OF DEATH

Primary

Mild Pneumonia +  
Chancroid. + Venereal

How long

atm 4 m

Immediate

How long

" 4 mds

PHYSICIAN  
OR CORONERAre the name, age, sex, color, date  
and place correctly given above?

yes

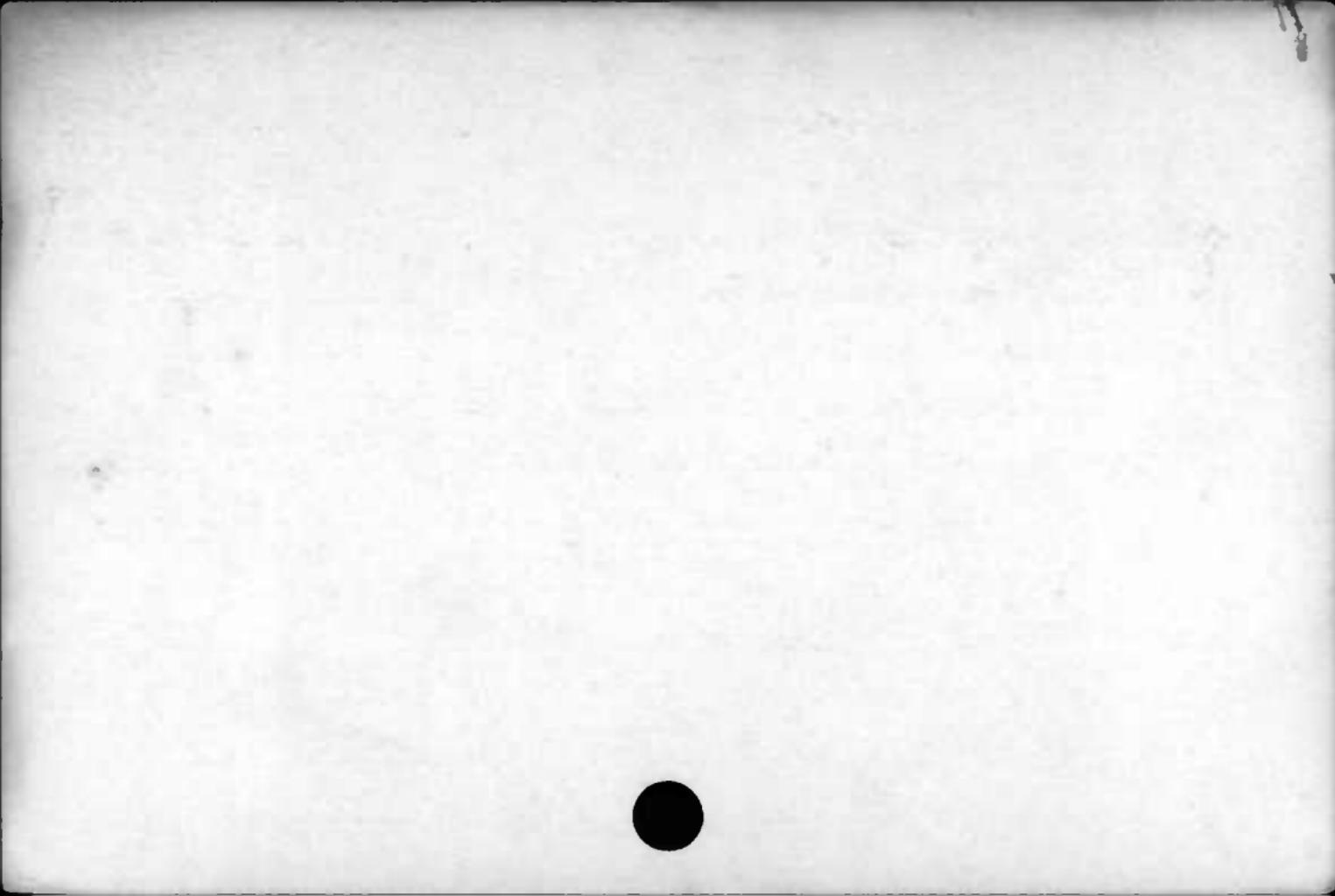
Signature of  
Physician

Address

Wm. D. Dwyer  
Westminster  
Maryland

9

Accident or Suicide?



Name  
in  
Full

49

Francis Leo Nusebaum

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <b>Baltimore</b>			County <b>Carroll</b>		MARYLAND	
Date of death <b>1902</b>	Month <b>July</b>	Day <b>25</b>	Years	Months	Days	
Sex <b>Male</b>	Color or Race <b>White</b>			Birth-place		
Married, Single or Widowed <b>Single</b>	Occupation <b>—</b>					
Name of Wife or Husband						
Father's Name <b>Frank Nusebaum</b>			Father's Birthplace			
Mother's Maiden Name <b>Ida Gilbert</b>			Mother's Birthplace			
Name of person giving information <b>Frank Nusebaum</b>			How related to deceased <b>Father</b>			

CAUSES OF DEATH

Primary

How long

Immediate

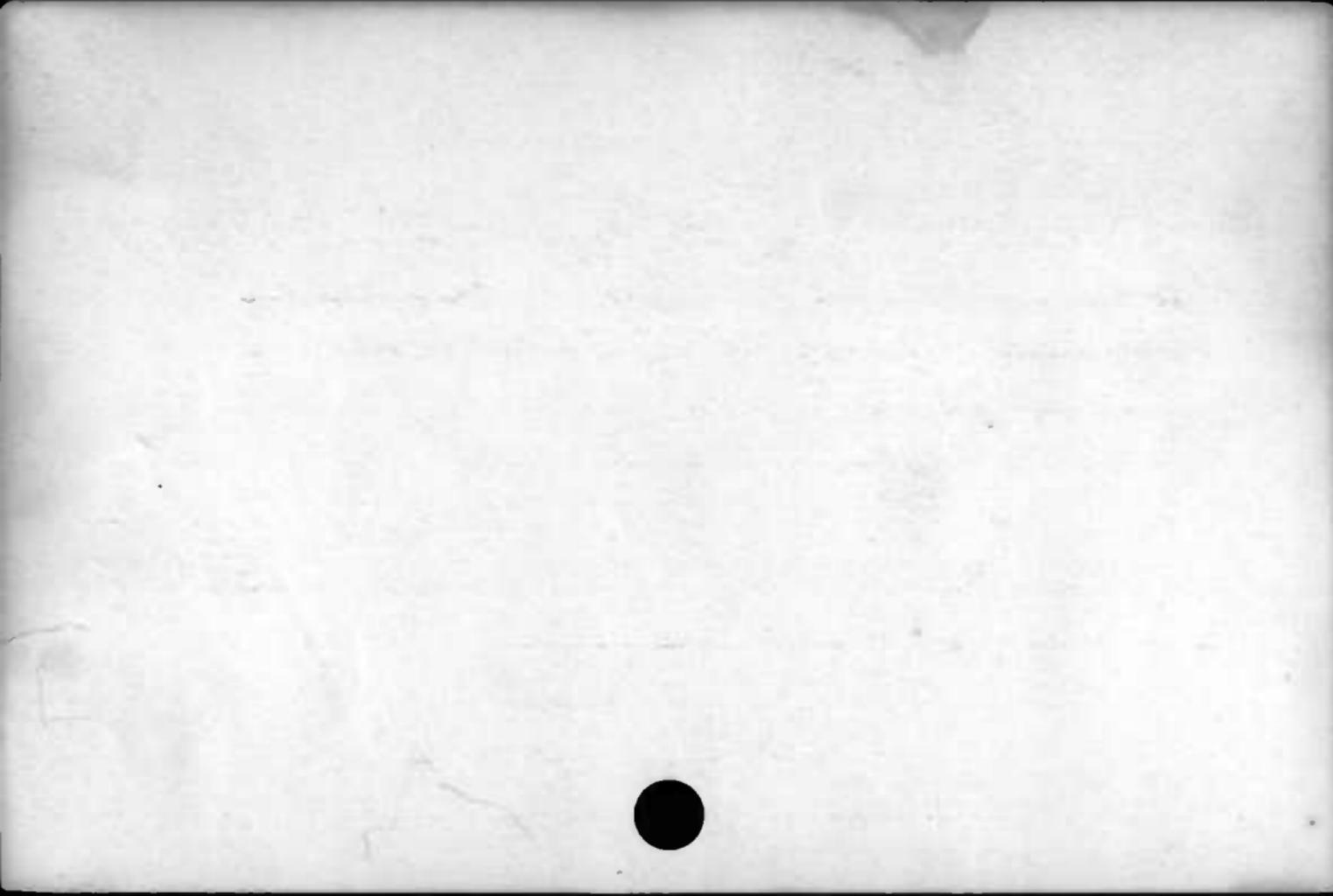
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Infant of Oliver & Ida Beaver

Died at Near Taneytown County Carroll MARYLAND

Died 1902	Month 7	Day 12	Age 2	Y. 2	M. D.	Native of Md	Occupation
Male	White	Married		Widow	Divorced		
Female	Colored	Single		Widower	Number of children living		

Husband of

Wife

Father's Name

Oliver Beaver

Mother's Maiden Name

Ida Beaver

Cause of Death

Primary

Scarlet Fever

How long sick

3 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. O. Fuss Undertaker

Address

Taneytown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Bella Vola Shaffer

Town

County

Died at Alesia

Carroll

MARYLAND

Date 189	Month July	Day 23	Age 11	M. 11	D. 8	Native of Maryland	Occupation
Male	White		Married	Widow	Divorced		
Female	Colored		Single	Widower	Number of children living		

Husband of

Wife

Father's Name

Jacob A Shaffer

Mother's Name

Anelia E Slemmer

Cause of Death

Cholera Infantum

How long sick

Death

Convulsions

Accident, Suicide, Homicide

Reported by

J H Sherman M.D. Manchester

Address

Carroll Co

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Margaret Shuey

No 62

Town

County

Died at Union Bridge

Carroll

MARYLAND

Date 19 02

Month 7 Day 28

Y. 84 M. 2 D. 18

Native of 2nd

Occupation Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 4

Husband of

Wife

Father's

Name

Cause of

Primary

Braniul Trouble

How long sick

Death

Immediate

General Debility

4 days

Accident, Suicide, Homicide

Reported by

Frank J. Shuey

Address

8



Union Bridge 154

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

5172

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Ray Lennix

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County				
Westminster		Carroll					
Date of death	190	Month 2 July	Day 19	Age 16	Years	Months 8	Days 25
Sex	Male	Color or Race	white	Occupation	Birth- place	Westminster, Md.	
Married, Single or Widowed	Single						
Name of Wife or Husband							
Father's Name	James E. Lennix		Father's Birthplace	Maryland			
Mother's Maiden Name	Marcha A. Beagh		Mother's Birthplace	Virginia			
Name of person giving Information	Claude Lieden Lennix		How related to deceased	Brother			

CAUSES OF DEATH

Primary

Shock

How long

6 hours

Immediate

Exhaustion - Falling accident

How long

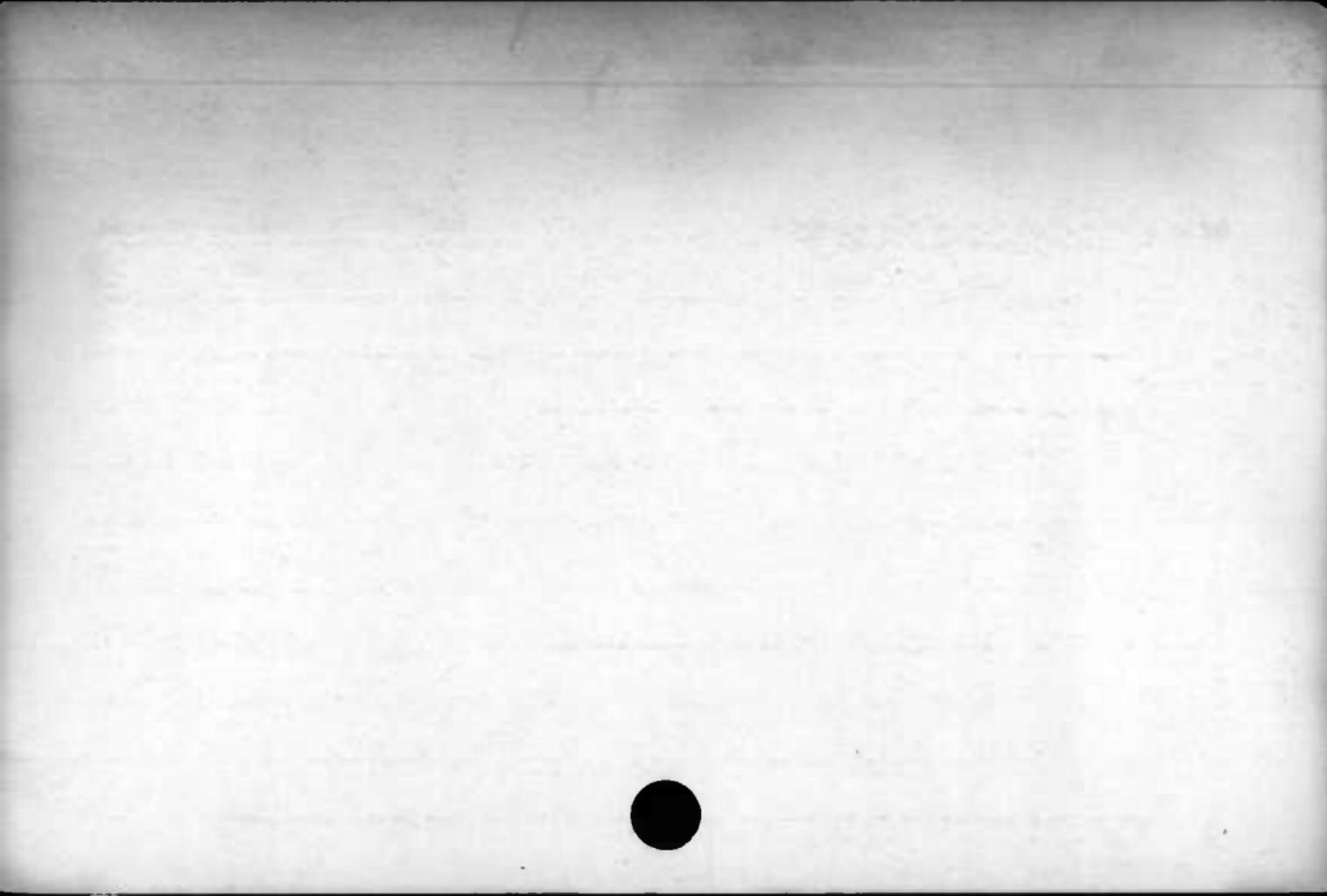
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

John D. Weeks, M.D.  
Westminster, Md.

Accident or Suicide?



Mrs Eva Smith

Died at		Town	County			
Springfield State Hospital, Sykesville		MARYLAND				
Month	Day	Y.	M.	D.	Native of	Occupation
July	30	19	52		Germany	Housewife
Date 19	2					
Male		White	Married	Widow	Divorced	
Female		Colored	Single	Widow		Number of children living 2.

Husband of	Geo. W. Smith
Wife	
Father's Name	
Mother's Maiden Name	68

Cause of Death	Primary	Senile Dementia
	Immediate	Exhaustion

How long sick	2 months
---------------	----------

Accident, Suicide, Homicide
-----------------------------

Reported by J. M. Shannon, M.D.

Address Sykesville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Joseph Trile  
 Town: New Windsor County: Carroll

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7 31

19

Labour

Male

White

Married

Widow

Divorced

Female

Coloured

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Peter Trile

Mother's

Maiden Name

174

How long sick

Cause of

Primary

Death

Immediate

Suffocated in a Well

Accident, Suicide, Homicide

Reported by

L P Baier New Windsor Md.

Address

\_\_\_\_\_  
Swim Brothers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

41

Samuel Trite  
New Windsor Carroll

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age  
Married

Widow

Divorced

Female

Colored

Single

Number of children living

Husband of

Wife

Father's Name

Peter Trite

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident,  ~~Suicide, Homicide~~

Reported by

L P Baine - New Windsor, Md

Two Brothers

Address

8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Henry Utby

Town

County

NA61

Died at New Haven Windsor

MARYLAND

Month Day

Y. M. D.

Native of

Date 1902

7. 1.

66. 10. 2

2nd

Occupation

Male

White

Age  
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of Deborah Utby

Who

Father's

Peter Utby

Mother's

Name

Maiden Name

Mary Utby

Cause of

Primary

General Debility

How long sick

2 years

Death

Immediate

Slight Paralysis

Accident, Suicide, Homicide

Reported by

Frank J. Strickler

Address

2 Union

origin and

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

William P. Bepp

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Henryton</u>		County <u>Carroll</u>		MARYLAND		
Date of death 1907	Month <u>July</u>	Day <u>10</u>	Years <u>55</u>	Months <u>—</u>	Days <u>5</u>	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>✓</u>				
Married, Single or Widowed <u>married</u>	Occupation <u>Telegraph Lineman, Ed Turner</u>					
Name of Wife or Husband <u>Lucilla E. Bepp - ne Armstrong</u>						
Father's Name <u>Frestley Bepp</u>	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information <u>George N. Armstrong</u>	How related to deceased <u>Brother in law</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Acute Nephritis (Bright)

119

How long

One month

Immediate

uraemic

Goma

How long

about 18 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of  
Physician

Address

Daniel B. Sprecher

Sykesville,  
Md.

Accident or Suicide?

